

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	MD	8988	02/22/01
RESPONSE FORMALITY REVIEW			

09/759159

INDEX OF CLAIMS

✓ Rejected
= Allowed
- (Through numeral)... Canceled
÷ Restricted
N Non-elected
I Interference
A Appeal
O Objected

Claim	Date
Final	
Original	
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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